



**DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL.**

Parent Information Waiver Request

Zucker School of Medicine
Office of Student Finance
500 Hofstra University
Hempstead, NY 11549-5000
email: medicine.finaid@hofstra.edu
phone: 516.463.7523
fax: 516.463.7540

The Office of Student Finance requires parents' financial information on all Institutional Financial Aid applications that will assist in determining eligibility for institutional aid (scholarship/loan). If a student is unable to acquire this information due to certain situations/circumstances, students may submit this form requesting parent's financial information to be waived. Required supporting documentation as outlined below **must** be submitted along with this request.

REQUIRED DOCUMENTATION:

1. Personal statement explaining your family circumstances in letter format
2. Two (2) letters of reference from individuals (non-family) submitted on their letterhead containing contact information (name, address, phone number and/or email address). The individual writing the letter must provide adequate detail regarding your situation.
 - Acceptable persons include counselors, clergy members, lawyers, physicians, and educators

Section 1: STUDENT INFORMATION

Academic Year: _____

Year in school: MS1 MS2 MS3 MS4

Student Name: _____ 700 Hofstra ID: _____

Section 2: PARENT INFORMATION

Parent Name: _____

Have you had contact with your parent within the last year? Yes No

If you answered **no** to the question above, when was the last time that you were in contact with your parent?

- ____ years ago I do not recall the last time I was in contact with him/her

Section 3: STUDENT CERTIFICATION

I hereby attest that all information provided on this application is true and accurate to the best of my knowledge.

Student's Signature

Date